

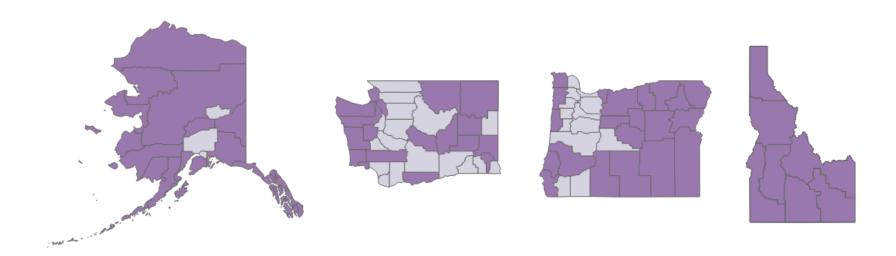
SHARE-NW: Solutions in Health Analytics for Rural Equity across the Northwest

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Project Overview

- When: 5-year grant, July 1, 2017 June 30, 2022
- Where: 70 rural health jurisdictions in AK, OR, WA, & ID
- How: Training, learning communities, data visualizations, technical assistance



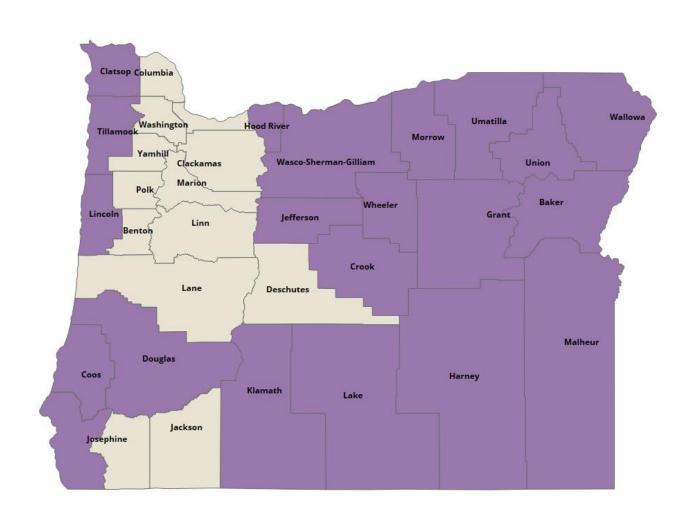
Goals

- 1. Provide data for decision-making
- 2. Improve access to data
- 3. Increase capacity for data use and data-driven decisionmaking

To address health disparities in rural communities



Rural LHDs in OR



What We've Done

- Identified Partners and Equity Advisory Committee
- Evaluation
 - Identified health disparities and priorities; data sources; gaps in capacity; and training needs
 - Assessed capacity for and use of data visualizations
 - Methods
 - Key informant interviews
 - Analysis of CHAs and CHIPs
 - Training evaluation surveys
- Training
 - Data in decision-making (WA, ID, and OR)

Gaps in Capacity

Goal 1 (Year 1)

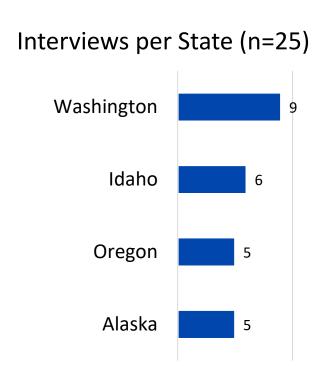
Identify 3-6 of the highest priority gaps in capacity for datadriven decision-making to address SDOH



Methodology

25 Key Informant Interviews

- 30-45 minute semistructured telephone interviews
- "What are the challenges or barrier to accessing or using those data sources [you would like greater access to in order to better understand the health disparities in your jurisdiction]?"



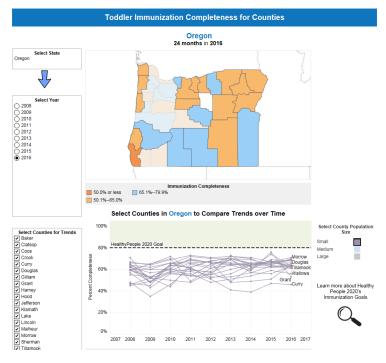
Limited Access

Description

- Difficult to know where data are because they are scattered in different places
- Data are not in easily usable formats

Possible Solutions

 Create dashboard that incorporate multiple data sources



https://phastdata.org/viz/immunizations

Data are Unavailable

Description

- Data don't exist
- Units of data are not granular enough to understand communities

- Training to collect data
- Training to use available data creatively



Gaps in Capacity: OR

- To be useful, data needs to be useable in local programs.
- Data that focuses exclusively on community wide issues or are geared toward Community Health Assessment are not useable by the majority of public health staff.
- Identify ways to incorporate data to improve individual services or programs on a daily basis.



Jefferson County, Oregon



Data Quality

Description

- Data are not accurate or reliable
- Data are out of date
- Small numbers



- Motivate better data collection through data use
- Training to evaluate data and its utility
- Training to evaluate when data are "good enough"
- Training about alternative sources of data: e.g. community voices, professional experience, etc.

Limited Capacity for Data Use

Description

- Staff and funding are more limited in rural areas compared to urban areas
- Limited knowledge, skills, and understanding of data applicability



- Training on how to lead community conversation about data
- Training on how to navigate and use a data dashboard
- Partner with County Health Ranking & Roadmaps (CHRR) coaches

Heterogeneity of Rural Jurisdictions

Description

- Tribal areas are unique compared to other jurisdictions
- Comparisons are difficult because of varying jurisdiction size and characteristics



- Training to compare data with peers
- Training about alternative sources of data: e.g. community voices, professional experience, etc.

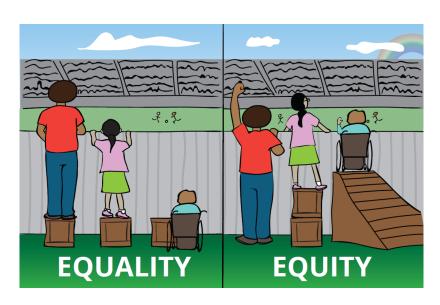
Address & Identify Health Inequities

Description

- Limited understanding of health disparities
- Lack of data use to address health disparities

Possible Solutions

 Training to include equity lens in their decision-making



What's Coming this Year

- Collect available data based on needs identified in KIIs
- Develop preliminary interactive data dashboard
- Identify and curate relevant trainings

Focusing on

Social determinants of health



Get Involved!

We want your input!
See sign-up sheet for more information
or E-mail

phast@uw.edu

